

OCT 02 2007

PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

	Application Number	10/642,365
	Filing Date	August 14, 2003
	First Named Inventor	Michael S. H. Chu
	Art Unit	3731
	Examiner Name	Natalie R. Pous
	Attorney Docket Number	MIY-P03-024

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	SB/08 (2 foreign references and copy of EP Search Report) Certificate of Mailing Return Receipt Postcard
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	ROPES & GRAY LLP		
Signature			
Printed name	Richard G. Allison		
Date	September 28, 2007	Reg. No.	60,386

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 9/28/07Signature: Cindyanne Holmes (Cindyanne Holmes)



OCT 02 2007

PTO/SB/17 (06-07)

Approved for use through 01/31/2007. OMB 0651-0032

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Effective on 12/08/2007.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$) 1200.00
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Complete if Known	
Application Number	10/642,365
Filing Date	August 14, 2003
First Named Inventor	Michael S. H. Chu
Examiner Name	Natalie R. Pous
Art Unit	3731
Attorney Docket No.	MIY-P03-024

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: **18-1945** Deposit Account Name: **Ropes & Gray LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
41	- 43 = 0	x 50.00	= 0.00	Fee (\$)	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
5	- 7 = 0	x 200.00	= 0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	

4. OTHER FEE(S)

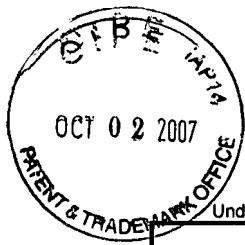
Non-English Specification, \$130 fee (no small entity discount) **1253 - Extension for response-third month** **1,020.00**
 Other (e.g., late filing surcharge): **1806 Submission of an Information Disclosure Statement** **180.00**

SUBMITTED BY				
Signature			Registration No. (Attorney/Agent)	60,386
Name (Print/Type)	Richard G. Allison		Telephone	(212) 596-9000
			Date	September 28, 2007

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Dated: September 28, 2007

Signature: (Cindyanne Holmes)



OCT 02 2007

PTO/SB/92 (09-04)

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Application No. (if known): 10/642,365

Attorney Docket No.: MIY-P03-024

Certificate of Mailing under 37 CFR 1.8

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on September 28, 2007
Date

Cindyanne Holmes
Signature

Cindyanne Holmes

Typed or printed name of person signing Certificate

N/A
Registration Number, if applicable

212-596-9000
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal (1 pg.)
Fee Transmittal (1 pg. – in duplicate)
Extension of Time Request (3 months)(1 pg. – in duplicate)
Response to Non-Final Office Action (15 pgs.)
Supplemental Information Disclosure Statement (2 pgs.)(in duplicate)
PTO SB/08a Form (1 pg. – 21 References)
Copy of References B38-B39 and C42
Return Receipt Postcard